
OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Revised Code of Washington (RCW) 74.04.600 and Washington Administrative Code (WAC) 388-275.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION¹	Social Security Administration and the Department of Social and Health Services.
PASSALONG	In compliance by the total expenditures method.
SCOPE OF COVERAGE	State supplement provided to needy aged, blind, and disabled persons except for: 1) individuals converted from former State assistance programs who have more than one essential person; 2) eligible couples with one or more essential persons; and 3) residents of public emergency shelters for the homeless. Blind and disabled children are eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Social Security Administration district offices.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ The State administers payments to SSI recipients in Medicaid facilities. All other State supplements, including mandatory minimum supplementation are administered by the Social Security Administration.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living independently: ^{3 4}				
	Area 1	\$495.42	\$724.98	\$25.42	\$19.98
	Area 2	476.86	705.00	6.86	--
B	Living with ineligible spouse: ⁴				
	Area 1	622.73	N/A	152.73	N/A
	Area 2	595.53	N/A	125.53	N/A
C	Living in household of another	318.62	475.72	5.28	5.72
F	Living in household of another with ineligible spouse	407.55	N/A	94.21	N/A
G	Living with one essential person: ^{4 5}				
	Area 1	724.98	N/A	19.98	N/A
	Area 2	705.00	N/A	--	N/A
H	Living in household of another with one essential person ⁵	475.72	N/A	5.72	N/A
	Medicaid facility ⁶	41.62	83.24	11.62	23.24

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

³ Includes persons in congregate-care group living facilities.

⁴ Area 1 includes King, Kitsap, Pierce, Snohomish, and Thurston counties. Area 2 includes all other counties.

⁵ Applies only to cases transferred from former State assistance programs.

⁶ The State administers payments to SSI recipients in Medicaid facilities.

STATE ASSISTANCE FOR SPECIAL NEEDS

ADMINISTRATION Department of Social and Health Services, Division of Income Assistance

**SPECIAL NEED
CIRCUMSTANCES:**

SEEING-EYE DOG Food for seeing-eye dog at the rate of \$33.66 per month.

**OTHER UTILITY
CHARGES** Telephone - amount varies according to need and location.
Laundry - \$11.13 per month.

MEALS Restaurant meals - \$187.09 per month; \$6.04 per day.
Home delivered meals - the amount charged by the agency delivering the service.

MEDICAID

ELIGIBILITY:

CRITERION SSI program guidelines (title XVI).

DETERMINED BY Social Security Administration.

**MEDICALLY NEEDY
PROGRAM** Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL
EXPENSES** The Social Security Administration obtains this information.